FORM D

001407366

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
	35-0076				
Expires March 31,	2009				
Estimated average burden					
hours per response:	16.00				

hours per response:



SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							
	·						

Name of Offering (
Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA I. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Vontobel: Non-US Equity LLC Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation corporation limited partnership, already formed business trust Month Year	_ :		05-
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Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Washington, DC	Type of Filing: ☐ New Filing ☑ Amend	· · · · · · · · · · · · · · · · · · ·	
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Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization Corporation Dusiness trust Mar 2 7 2009 Limited partnership, already formed Dusiness trust Month Year	1. Enter the information requested about the is	suer	A CANA
Address of Executive Offices (Number and Street, City, State Zip Code) One New York Plaza, New York, New York 10004 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization Corporation Dusiness trust Mar 2 7 2009 Limited partnership, already formed Dusiness trust Month Year	Name of Issuer (check if this is an amendr	ment and name has changed, and indicate change.)	Washington DC
One New York Plaza, New York, New York 10004 Address of Principal Business Operations (Number and Street, City, State and Zip Code) (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed Limited Liability Limi	Vontobel: Non-US Equity LLC		111
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Dusiness trust Month Year Telephone Number (Including Area Code) Telephone Number (Including Area Code)	Address of Executive Offices (1	Number and Street, City, State Zip Code)	Telephone Number (including Area Code)
(if different from Executive Offices) Brief Description of Business To operate as a private investment fund. Type of Business Organization □ corporation □ business trust □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ limited Limited LiabiliTHONSONREUTERS	One New York Plaza, New York, New Yo	ork 10004	(212) 902-1000
Type of Business Organization corporation		(Number and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
Type of Business Organization corporation business trust Ilimited partnership, already formed limited partnership, to be formed MAR 2 7 2009 Limited LiabiliTHONSONREUTERS	Brief Description of Business		DD 6 6/200FD
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ Limited LiabiliTHOWSONREUTERS Month Year	To operate as a private investment fund.		PROCESSED
business trust	Type of Business Organization		MAR 2 7 2009
Month Year	Corporation	☐ limited partnership, already formed	✓ other (please specify):
Month Year	☐ business trust	☐ limited partnership, to be formed	Limited Liabili THOMSON RELITERS
			TI QUIO CUITA IL
	Actual or Estimated Date of Incorporation or O		☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia	tion for
State: CN for Canada; FN for other foreign jurisdiction) D E			,

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC IDENTIFICATION DATA
2.	Enter the information requested for the following:

- * Each promoter of the issuer, if the issuer has been organized within the past five years;
- * Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

	or par	tnership issuers; and
* Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if individual)		
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Barbetta, Jennifer		
Business or Residence Address (Number and Street, City, State, Zip Code)		· ···
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual) Clark, Kent		
Business or Residence Address (Number and Street, City, State, Zip Code)		
One New York Plaza, New York, New York 10004		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner
Full Name (Last name first, if individual)		
Gottlieb, Jason		
Gottlieb, Jason Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
		General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004		
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director		
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply:		
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply:		Managing Partner General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply:		Managing Partner General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply:		Managing Partner General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) One New York Plaza, New York, New York 10004 Check Box(es) that Apply:		Managing Partner General and/or Managing Partner General and/or

				B. IN	FORMAT	TION ABO	OUT OFF	ERING				
							•				Yes	No
1. Has th	ne issuer sol	d, or does tl	ne issuer int	end to sell,	to non-accr	edited inves	stors in this	offering?				Ø
				Answer also	in Append	lix, Column	2, if filing	under ULO	E.			
2. What	is the minin	num investn	nent that wi	ll be accept	ed from any	/ individual	?				\$	*
*The Issu	ier's Mana	ger may in	its sole disc	retion acc	ept subscrip	otion amou	nts in what	ever amoui	nt it determ	nines is	Yes	No
acceptabl	le. the offering			afa simala	:49						I €3	
											•	u
4. Enter	the information	ation reques	sted for each	ch person v	vho has bee of purchase	en or will b	e paid or g	given, direct	tly or indire	ectly, any		
If a pe	erson to be l	isted is an a	ssociated p	erson or ago	ent of a brol	ker or deale	r registered	with the SE	C and/or w	ith a state		
	tes, list the r ter or dealer							ed are assoc	iated persor	is of such		
	e (Last name			momano	i tor that of	oker or dear	ci only.				-	
L'uit Maille	e (Last Haili	e msi, n mc	iividuai)									
Goldman,	, Sachs & C	Co.*										
	h the secur r in any jur		sold throu	gh Goldma	ın, Sachs &	Со., по со	mmissions	will be paid	i, directly o	or indirectly	, for solici	ting any
	or Residenc		Number and	l Street, Cit	y, State, Zip	Code)						
85 Broad	Street, Nev	v Vork. Ne	w York 10	004								
	Associated I											
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	to Solicit Pu	ırchasers				u		
	All States"										🗹 А	ll States
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Full Name	e (Last name	e first, if ind	lividual)									
Business of	or Residence	e Address (l	Number and	Street, Cit	y, State, Zip	Code)						
	 											
Name of A	Associated E	Broker or De	ealer									
	Which Perso											
·	All States"											1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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	(Last name			[17]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[FK]
	(,									
Business of	or Residence	e Address (1	Number and	Street, Cit	y, State, Zip	Code)	···		· ·			
		`				•						
Name of A	Associated E	Broker or De	ealer									
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[MT]	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security		Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0	\$ 0
	Equity	\$_	0	\$ _ 0
	☐ Common ☐ Preferred	-		
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	\$ 0
	Other (Specify): Limited Liability Company Units	\$	892,629,274	\$ 892,629,274
	Total	\$_	892,629,274	\$ 892,629,274
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
			Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		508	\$ 892,629,274
	Non-accredited Investors		0	\$ 0
	Total (for filings under Rule 504 only)		N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Timo of	Dollar Amount
	Type of offering		Type of Security	Sold
	Rule 505	_	N/A	\$ N/A
	Regulation A	_	N/A	\$ N/A
	Rule 504		N/A	\$ N/A
	Total	_	N/A	\$ N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		☑	\$ 155,541
	Accounting Fees			\$ 0
	Engineering Fees			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)			\$ 0
	Total		87	\$ 155,541

	. C. OFFERING PRICE, NUM	BER OF INVESTORS, EXP	ENS	ES A	AND USE OF F	ROCE	EEDS	
-	Enter the difference between the aggregate of Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to the is	esponse to Part C - Question 4.a.	a. Thi	is		\$_		892,473,733
to fu pa	dicate below the amount of the adjusted gross to be used for each of the purposes shown. If the armish an estimate and check the box to the layments listed must equal the adjusted gross property Part C - Question 4.b. above.	e amount for any purpose is not k left of the estimate. The total	knowr of th	n, he				
					Payments to Officers, Directors, & Affiliates			Payments To Others
Sa	alaries and Fees			\$_	0	_ □	\$_	0
Pι	urchase of real estate		□	\$_	0	_ 0	\$_	0
Pı	urchase, rental or leasing and installation of mac	chinery and equipment		\$_	0	_ 🗆	\$_	0
C	onstruction or leasing of plant buildings and faci	ilities		\$_	0		\$_	0
th	equisition of other businesses (including the value is offering that may be used in exchange for nother issuer pursuant to a merger)	or the assets or securities of		\$	0	_	\$	0
	epayment of indebtedness		_		0		Ψ –	0
	orking capital			\$_ •	0	_	ф -	
	•			\$_		_ 0	, ,	0
	ther (Specify): Limited Liability Company Un			<u> </u>	0	_ 🗷	٥ <u>-</u>	892,473,733
C	olumn Totals		Þ	\$ _	0	_ 🗹	\$ _	892,473,733
To	otal Payments Listed (column totals added)				Ø \$	892,4	73,73	3
		D. FEDERAL SIGNATUR	RΕ					
follov	issuer has duly caused this notice to be signed wing signature constitutes an undertaking by the staff, the information furnished by the issuer to	ne issuer to furnish to the U.S. See	ecuriti	ies and	d Exchange Com	mission,	, upon	
	(Print or Type) pel: Non-US Equity LLC	Signature	<u> </u>		Date March <u>V2</u> , 2009			
	of Signer (Print or Type)	Title of Signer (Print or Type)						
Carolir	ne Kraus	Assistant Secretary of the Issue	er's 🎙	Aana	ging Member			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

